

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 723389

FILED  
Jul 08, 2009  
Secretary of State

Entity Name: UNION COUNTY RIDING CLUB, INC.

## Current Principal Place of Business:

SR 121 SOUTH OF LAKE BUTLER  
PO BOX 85  
LAKE BUTLER, FL 320540085

## New Principal Place of Business:

SR 121 SOUTH OF LAKE BUTLER  
LAKE BUTLER, FL 320540085

## Current Mailing Address:

SR 121 SOUTH OF LAKE BUTLER  
PO BOX 85  
LAKE BUTLER, FL 320540085

## New Mailing Address:

FEI Number: 59-2965255      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

LAGASSE, PHILIP  
RT 2 BOX 451  
LAKE BUTLER, FL 32054      US

## Name and Address of New Registered Agent:

LAGASSE, PHILIP  
7453 SW 71 WAY  
LAKE BUTLER, FL 32054      US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: PHILIP LAGASSE

07/08/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD      ( ) Delete  
Name: GAY, CLENTON  
Address: P.O. BOX 183  
City-St-Zip: RAIFORD, FL 32083

Title: VD      ( ) Delete  
Name: SEAY, CLARENCE  
Address: 5448 SW 81 ST AVE  
City-St-Zip: LAKE BUTLER, FL 32054

Title: SD      ( ) Delete  
Name: SEAU, PRISCILLA  
Address: 5448 SW 81ST AVE  
City-St-Zip: LAKE BUTLER, FL 32054

Title: TD      ( ) Delete  
Name: ELLINGTON, MELANIE  
Address: P.O. BOX 603  
City-St-Zip: LAKE BUTLER, FL 32054

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TD      (X) Change ( ) Addition  
Name: LAGASSE, PHILIP  
Address: 7453 SW 71 WAY  
City-St-Zip: LAKE BUTLER, FL 32054

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PHILIP LAGASSE

TD

07/08/2009

Electronic Signature of Signing Officer or Director

Date